

CITY OF FITCHBURG PLANNING/ZONING DEPARTMENT 5520 LACY ROAD FITCHBURG, WI 53711 (608) 270-4256

## **ZONING PERMIT APPLICATION**

SECTION I TO BE COMPLETED BY	APPLICANT	Permit No.				
JOB ADDRESS (Street Number and Name)		LOT#	SUBDIVISION			
OWNER'S NAME MAILING ADDRESS (Include Zip		Code)		DAYTIME PHONE #		
CONTRACTOR'S NAME MAILING ADDRESS (Include Zip		Code)		DAYTIME PHONE #		
PROJECT   NEW BUILDING   ADDITION	new Building  Addition  Atteration or repair to existing Building  Moving  Demolition			OTHER		
BUILDING TYPE (Check One) SINGLE FAMILY DUPLEX MULTI-FAMILY COMMERCIAL/INDUSTRIAL GARAGE/STORAGE OTHER —						
I, the undersigned, do hereby certify that the above information is correct and agree that in the performance of this work I will be bounded by and submit to all statutes of the State of Wisconsin, conform to all applicable codes and ordinances of the City of Fitchburg and abide by all rules and regulations prescribed by the Zoning Department.						
SIGNATURE OF APPLICANT DATE						
SECTION II TO BE COMPLETED BY PLANNING/ZONING OFFICIALS						
FLOODPLAIN YESNO WATER Municipal		Private SANITARY PERMIT I		0		
RBAN SURFACE AREA YESNO SEWER: Municip			Private			
C.U.P., REZONING OR VARIANCE PERMIT NO.		BUILDI	NG PERMIT NO.	PERMIT NO		
PROPERTY DESCRIPTION		PARCE	L NO.			
ZONING DISTRICT LOT AR	REA (Sq. Ft.) REQUIRED S	ETBACKS	FRONT REAR	LEFT RIGHT	OTHER	
APPROVED USE OF BUILDING (in		PPROVAL DATE				
DATE ISSUED	EXPIRATION DATE		ZONING OFFICIAL			
PERMIT FEE						
CONDITIONS OF APPROVAL  This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.						
1. ALL LOT CORNERS MUST BE VISIBLE OR INDICATED BY STAKES.						